Don't miss your opportunity to get your VSP eyecare benefit back!

Sign up for VSP April 1-30, 2007.

Benefit effective: July 1, 2007

# **Enrolling in VSP is Easy**

Choose **one** of these three convenient options:

Online: Visit VSP at www.vsp.com/go/stateofca and complete the online enrollment form, or

**Phone:** Call VSP at 800-877-7195 and speak with a Member Services Representative, **or** 

Mail: Complete the VSP Enrollment Form below.

# **Questions?**

Contact VSP Member Services at **800-877-7195** or visit **www.vsp.com/go/stateofca** 

# **VSP Enrollment Form for State of California Retirees**

You only need to complete this form if you would like to enroll **AND** have not already enrolled online or by phone.

# STEP 1.

Complete, sign and date this form.

# STEP 2.

Mail to VSP using the enclosed preaddressed envelope.

| <b>Need to</b> | update | your | contact | information? |
|----------------|--------|------|---------|--------------|

Please review your contact information above and make any updates below.

| <b>Your VSP Coverage</b> Selectione: $\square$ Refiree Only |  |
|---|--|
|---|--|

| _   |        |                   |  |
|-----|--------|-------------------|--|
| - 1 | Retire | $\sim$ $^{\perp}$ |  |
|     |        | 70 7              |  |

□ Retiree+ Family

| Dependent Name (Only list Dependents if you selected "Retiree +1" or "Retiree + Family.") | <b>Date of Birth</b><br>(Month/Day/Year) | Relationship to Enrollee<br>(Spouse, Domestic<br>Partner, Child, etc.) |
|---|--|--|
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

#### Please read before signing.

By signing below, I agree that all information is true and understand that I'm enrolling for an 18-month term from July 1, 2007 through December 31, 2008. I understand that my VSP plan will automatically renew after the 18-month coverage expires unless I specifically elect not to renew. I also acknowledge that enrollment in the plan authorizes the State to deduct monthly premiums from my state retirement warrant. I understand that if my state retirement warrant is not adequate to cover the cost of my monthly premiums VSP will bill me directly. I understand that failure to submit premium payment by the legally required due date will result in the termination of my VSP plan benefit.

| Enrollee Signature: Do | ate: |
|------------------------|------|
|------------------------|------|

# VSP is BACK

Now as a State of California retiree/annuitant, you can select to reinstate your VSP vision coverage.





# Miss your VSP vision coverage?

# **SIGN UP FOR VSP:**

April I-30, 2007

# **BENEFIT EFFECTIVE:**

July 1, 2007





# **EXPERIENCE VSP** (again!)

Enjoy the best in eyecare again! As a State of California retiree/annuitant, you are now eligible to enroll in the new State Retiree Vision Program, which is being offered through VSP. This program provides vision care coverage for you and your eligible dependents.

VSP is committed to the health of your eyes. Envision a healthier tomorrow today with VSP.

#### A FOCUS ON HEALTH.

In addition to detecting chronic eye-related diseases through a complete eye exam, VSP doctors can also be the first to notice symptoms of a number of serious medical conditions. Long before potentially devastating and costly complications arise, the following are just a few of the conditions a VSP doctor may be able to detect:

- glaucoma
- high cholesterol
- cataracts
- high blood pressure
- diabetes
- tumors



#### **GREAT SAVINGS.**

Without coverage, an eye exam and prescription glasses for just one person can cost \$350 or more. With VSP, you'll get a fully covered exam and glasses or contacts at coverage levels that make the most sense.



# **PERSONALIZED CARE** AND SERVICE.

Enjoy quality, personalized care from neighborhood private-practice doctors you know and trust.

#### **CONVENIENCE.**

VSP doctors are close to your home and activities. And, most doctors offer evening and weekend hours and accept drop-ins.

#### **EFFORTLESS BENEFITS.**

Simply make an appointment with any VSP doctor you choose and tell them you're a VSP member. That's it! No claim forms, ID cards, or limitations in your eyewear selection.

# **AUTOMATIC PAYMENT DEDUCTIONS.**

Even paying your monthly premium is simple. The cost of your premium will be deducted directly from your state retirement warrant. If you do not have enough in your warrant to cover the cost, we'll bill you directly.

#### **RELIABLE. GUARANTEED!**

VSP stands behind your satisfaction. You'll always receive world-class customer service at VSP. If you're not completely satisfied, just let us know and we'll make it right.

| YOUR CO | VERAGE FRO   | M A VSP DA | CTOR |
|---------|--------------|------------|------|
|         | VEINAGE I NO |            |      |

| EXAM COVERED IN FULL  | every<br>calendar year |
|---|------------------------|
| PRESCRIPTION GLASSES LENSES COVERED IN FULL Single vision, lined bifocal, lined trifocal and tinted lenses, including photochromic (lenses that transition) | every<br>calendar year |
| FRAME Frame of your choice covered up to \$75   | every<br>calendar year |

#### - OR -

#### CONTACT LENS CARE

When you choose contacts instead of glasses, your \$110 allowance applies to the cost of your eye every exam, contacts and the contact lens calendar year exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts.

#### **EXTRA DISCOUNTS AND SAVINGS**

#### Laser Vision Correction Discounts

Average 15% discount from contracted VSP Laser VisionCare facilities

#### Contacts\*

15% off cost of contact lens exam (fitting and evaluation) \*Available from any VSP doctor

| YOUR COPAYS                 |                 |  |
|-----------------------------|-----------------|--|
| Exam                        | \$10            |  |
| Prescription Glasses        | \$25            |  |
| Contacts no copay applie    |                 |  |
| YOUR CONTRIBUTION           |                 |  |
| Retiree Only \$8.78 a month |                 |  |
| Retiree + One Dependent     | \$17.12 a month |  |
| Retiree + Family            | \$18.43 a month |  |

#### ADVANTAGES OF COVERAGE.

Without eyecare coverage, a single office visit for just one person can cost \$350 or more. With VSP coverage, you'll save.

|  | WITHOUT<br>VSP* | WITH VSP        |  |
|--|-----------------|-----------------|--|
| Exam   | \$115           | \$10            |  |
| Lenses<br>(Lined Bifocal)                        | \$102           | \$25            |  |
| Frame  | \$75            | ·               |  |
| Photochromic<br>Tint (Transi-<br>tioning Lenses) | \$97            | Covered in full |  |
| Premiums**                                       |                 | \$105.36        |  |
| Total  | \$389           | \$140.36        |  |
|  |                 |                 |  |

# Which total would you rather see?

64% savings!

VSP guarantees service from VSP network doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.





# "HIGHEST in Overall Member Satisfaction Among National Vision **Plans, THREE YEARS IN A ROW."** -|.D. Power and Associates

VSP received the highest numerical score in the 2004 National Vision Plan Member Satisfaction Study and J.D. Power and Associates 2005-2006 National Vision Plan Member Satisfaction Studies<sup>sm</sup>. 2006 study based on 2,011 total responses measuring 8 companies and measures opinions of vision plan members. Study results are based on experiences and perceptions of consumers surveyed in August–September 2006. 2004 study conducted for VSP by J.D. Power and Associates. Your experiences may vary. Visit jdpower.com

<sup>\*</sup>Based on average national usual and customary fees.

<sup>\*\*</sup>Based on a calendar year.